

Docket Number (optional) 16NM00058

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are

listed below) of the subject	et matter which is clamed a	nd for which a pater	it is sought on the	invention	MAGE PROCESSING METHOD AND
	OIUM, AND IMAGING APPARATUS,	-	=	-	
☐ was filed on	as United States Application Number or PCT International Application				
Number					
		e contents of the abov			ling the claims, as amended by
any amendment referred to			•	ŕ	, , , , , , , , , , , , , , , , , , ,
·		material to patentabili	tv as defined in Titl	le 37. Code o	f Federal Regulations, § 1.56.
					cation(s) for patent or inventor's
					cate having a filing date before
that of the application on w		,	. .		3 · · · · ·
Prior Foreign Application(s					Priority Claimed
2000-248280		JAPAN			X Yes D No
(Number)		intry)	18/8/2000 (Day /Month/Ye	ear Filed)	
- ,		_			□ Yes □ No
(Number)	(Coi	intry)	(Day/Month/Ye	ar Filed)	
	under Title 35, United States	•	•		cation(s) listed below.
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(Application Number) (Filing Date)					
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Application Number) (Filing Date)			_		
I hereby claim the benefit	under Title 35. United Sta			olication(s) l	isted below and, insofar as the
i Li					in the manner provided by the
1,					h is material to patentability as
**					of the prior application and the
11 000	nal filing date of this applicat				
ļ. .					
(Application Number)		(Filing Date)	(Status.	patented, pe	ending, abandoned)
(Application Number)		(Filing Date)	(Status.	patented, pe	ending, abandoned)
I hereby appoint the follo	wing attorney(s) and/or age	nt(s) to prosecute this	s application and t	o transact	all business in the Patent and
Trademark Office connecte	ed therewith:				
MOONR	AY KOJIMA, reg. no. 19,785				
Address all telephone calls		at telephone number	413-458-2880		
Address all correspondence	e to MOONRAY KOJIMA	-		-	
-	BOX 627				
	WILLIAMSTOWN, MAS	SS 01267			
I hereby declare that all st	atements made herein of my	own knowledge are tr	rue and that all stat	tements mad	de on information and belief are
		_			ements and the like so made are
			_		at such willful false statements
-	of the application or any pat				
	ventor (given name, family n		o		
Inventor's signature	Chry Teto		Date Ma	4 18,	200/
ResidenceTokyo, Ja	pan		Citizenship	JAPAN	

Post Office Address 7-127, Asahigaoka 4-chome, Hino-shi, Tokyo 191-8503, JAPAN Full name of sole or second inventor (given name, family name) Date ___ Inventor's signature Residence Citizenship Post Office Address

 \square Additional inventors are being named on separately numbered sheets attached hereto.